



The Weekly Wrap Up

February 24, 2006

From Viola Miller, Tennessee's Commissioner for
The Department of Children's Services

MIND READING

SACWIS is the new computer system DCS will be using within the next two to three years to streamline and assist the flow of business within DCS.

The SACWIS process has been a tough learn. Since June 2005, teams of DCS front-line workers, administration staff and OIS staff have been meeting to formulate and develop a vision for our future business that will be easily tapped into on the front lines, a vision that will help the good case managers become great case managers by making their jobs easier and more family-focused.

Yes, sometimes it's hard to accept changes. We all like our days to be in order and to not have to learn something new again. But it raises some familiar questions:

"What is Central office doing? Don't they know how busy I am?"

This SACWIS process, though, will provide the front-line workers with better access to information and will also be more fluid in how we deal with everyday activities of our children and families whether it's a doctor's appointment, court or educational issues.

SACWIS will improve our casework and will actually improve and provide our families with needed services. Positive case planning, child and family teaming and quality visitation will be enhanced by this system.

From my own personal experience the disjointed and disorganized way we presently work is very frustrating, tedious and duplicative. If we had a system that "read our minds," knew what we had to do next and proceeded to that point, that would be a system that I could work with which I could work.

We hope that system will be the future SACWIS system.

So, no. It's not a bad thing. It's a positive change for DCS's future and the future of our families and children.

And remember: Updated SACWIS information will be provided over the next few months in the Weekly Wrap Up.

Odessa Krech-Helmer

From *New York* magazine:

The City Politic [Mom School](#)

Fixing New York's Children's Services is only half the battle. A new program, the **Nurse-Family Partnership**, helps mothers avoid trouble before it occurs.

[Link](#)

Officials want separate budget for Juvenile Justice Division

By Judith R. Tackett, jtackett@nashvillecitypaper.com

February 20, 2006

In their attempt to strengthen Tennessee's juvenile justice system, legislators and juvenile judges are discussing the possibility to create a separate budget for the state's Division of Juvenile Justice, which is housed within the Department of Children's Services.

DCS Commissioner Viola Miller established the Division of Juvenile Justice last year in response to vocal criticism from juvenile and family judges across the state, who had called for the establishment of a separate Juvenile Justice Department.

Miller appointed Deputy Commissioner Steve Hornsby, a former juvenile judge, to head the new division. However, judges were pleased with the department's progress during the last year and voted in a meeting of the Tennessee Council of Juvenile and Family Court Judges last week to continue their support for the separation of dependent/neglected children and juvenile delinquents.

[Link](#)

Assessment looks at when to jail juveniles

By Judith R. Tackett, jtackett@nashvillecitypaper.com

February 21, 2006

Tennessee is currently grappling with the question of when juvenile judges should lock up a delinquent youth and when should that kid be released back into the community.

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DCS guard suspect in escape

Detention center worker to be charged with false report in aiding teen's getaway

By CHRISTIAN BOTTORFF

TENNESEAN Staff Writer

Metro police took out an arrest warrant yesterday against a state juvenile detention center guard accused of lying about his role in allowing a 17-year-old offender to escape from a secure facility this week, department officials said.

Jeffrey Brumett, who lives in Pioneer, Tenn., and who worked for two months as a guard at the Woodland Hills Youth Detention Center, initially told authorities that the boy attacked him while being taken to a hospital.

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Kids in state custody put on less drugs

By Judith R. Tackett, jtackett@nashvillecitypaper.com

February 14, 2006

Children in custody of the state of Tennessee are receiving significantly less mental health medications than children in the custody of other states.

The Department of Children Services (DCS) previously assumed that about 20-25 percent of the children who come into custody due to abuse or neglect are put on psychotropic medications. However, new data shows that only about 16 percent of the children take psychotropic medications, which treat an individual's mental health and are capable of affecting the mind, emotions and behavior.

[Link](#)

DCS hosting Information Fair for prospective foster parents

02/15/2006

KINGSPORT - With about four dozen foster homes throughout Sullivan County to serve 210 children in need of temporary stable homes, two local children's services officials say there's a great need for more willing people to house children in a crisis.

Of the 51 foster homes in Sullivan County, 15 of those are kinship foster homes, which usually do not accept non-relative children.

To recruit foster parents in Sullivan County, as well as the surrounding region, the Department of Children's Services has partnered with seven other agencies, which provide services to children to host an Information Fair for people interested in becoming foster or adoptive parents.

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Core Leadership Meeting Minutes

Tuesday, February 14, 2006

Tom Riche Presiding; Eric Henderson Reporting

Commissioner's Comments:

We are at a critical point on the Brian A. Lawsuit. Commissioner Miller stated a productive conference call was held with TAC last week. We have essentially completed the majority of the P2E document but there are some areas that still need to be addressed. In the next few weeks, we will put a lot of emphasis on the second generation of the P2E. The second generation of the P2E will focus on quality casework. There are some data sets that are moving in the direction we want. The process data sets have to be reflected in child and family outcomes in order to do public child welfare reform. We need to develop a business plan that gives us things that we can measure along the way. We need to be able to measure the progress that we are making. Elizabeth has put a document together around the CFTM domain. The second piece is looking at how we are measuring ourselves. The way we pull data doesn't always present our "goodness." We have drilled into parent child visit and some things we are learning are that there is some legitimate barriers. We have to figure out what percentage is the target and how regions will improve parent child visits. Commissioner and others worked together with TAC in a problem-solving mode. She felt the meeting was productive. The Plaintiff's attorneys will be here on March 14-15.

Bonnie said a challenge would be figuring out our strategy. A combination of numbers and quality and process steps may be what we need. We may want to develop self-assessment and strategies around this that indicate ability to evaluate ourselves. You can't isolate data into single data points because it can cause poor data outcomes in other areas. Commissioner suggested that Mary Beth and Mary Jane be involved in Daryl's workgroup on developing a Departmental monitoring plan and would like it to include John B. and Grier.

We are designing a new Information System and rewriting policies at the same time because they need to be integrated with Information Systems.

The Commissioner stated, "We are drowning our frontline staff in paperwork. We need to do a major analysis of every piece of paper and forms. Does this paper add value? Is it required for compliance? If yes, can it be simplified or combined with another form?"

Look at what paper policies will have that can be automated. Commissioner stated that no one gets a new form without getting rid of one. Odessa Krech-Helmer has worked with Upper Cumberland on streamlining forms for the first 90 days a child is in custody.

A COA consultant will be reviewing critical areas in March on CQI, policy and medical and CFSR. We are audited by what we write in policy. Policies should be general guidelines but shouldn't include every procedure and process since we are held responsible for doing everything we put in our policies.

John B & Grier Cases Update:

Hearings were held last year regarding changes in the *Grier* consent decree that would result in cost savings to allow more people to remain on TennCare. The State was granted several of the changes it wanted but we still don't have a new version of the consent decree incorporating those changes. TennCare has begun implementing some of those changes granted by the federal court. The change likely to have the most impact on DCS is in the area of expedited appeals. If an enrollee filed an appeal in past, it was sent to the expedited appeals track based on the enrollee stating they need a "fast appeal" on the appeal form, regardless of what type of medical/health service they were requesting in the appeal. There is a shorter timeframe to respond to an expedited appeal or provide services. Every appeal that TennCare Advocates file against DCS is usually expedited and health units have to respond quickly. A referral is also generated to Tennessee Alliance for Legal Services (TALS) to ensure legal representation for the children on all expedited appeals. We anticipate fewer appeals will be classified as expedited with these new changes because routine health care won't be considered an emergency so appeals related to this won't be expedited. Most appeals we get are for targeted case management to arrange other services. The downside is that liquidated damages will start earlier in the process. If we don't respond timely or completely to every item in the appeal we can be assessed liquidated damages. The liquidated damages would come directly out of the responsible region's budget. Health Advocacy Representatives ("TennCare Reps") were trained last week on this new process related to appeals. In order to help get documentation about the services children receive, DCS is piloting a "Walkout statement form". This is a single sheet of paper, which the provider will complete to document the services given each time a child is seen.

John B.

There is active litigation on John B. Judge Nixon recused himself and the case was re-assigned to Judge Haynes. A status conference was held last week. Judge Haynes believes the state is out of compliance and needs a plan to come into compliance. The state did submit a written document describing processes the State has used and is using to be in compliance with John B. We have 30 days to update the document before the hearing.

At an evidentiary hearing, the Judge will choose between what the state submitted and the plan Dr. Carter submitted in October 2004.

CFSR/PIP Update: Susan Mee

DCS passed the PIP and we are waiting on the letter from Washington to confirm our exit. We are working on a lessons learned document from our work with the PIP. The CFSR process will continue with our self-assessment and self-study. The CFSR should support the new P2E. The plaintiff's will expect another version of the P2E 90 days after the CRI/TAC meeting in March. The feds haven't finalized their guidelines for the next CFSR and PIP but there will be a heavy emphasis on courts and youth, which aligns with our Needs Assessment Three. The earliest site visit for the

CFSR would be in 2008. We have time to conduct our statewide self-assessment but the P2E revisions affect IV-E plan (which is due earlier).

QSR: Daryl Chansuthus

Completed QSR in Davidson and are currently in Knox this week. The next QSR is scheduled in Hamilton County the week of February 27th to March 3rd. Daryl encouraged CLT members to shadow with reviewers. CLT members will need to contact Susan Price or Daryl to participate in the QSR process. The debriefing conference is also important for CLT members to attend.

Procedure Manual Update-Brenda Bell

Several months ago Brenda made a request to Executive Directors to identify any procedure manuals and submit them to her. We will use this process to see where we are regarding procedures. This is very important as we move forward with COA. If you haven't submitted all of your procedure manuals to Petrina's units, please do so (many of them were identified through the COA standard review).